FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

File with:

Des Moines, Iowa 50319

Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

2013 NOY -5 AM 10: 14

D I	the same as on Statement of Or	manization)			
Dutcher for Council	t be same as on Statement of Or	garnzation)		FORM	
IMPORTANT: Indicate by # to					
(4) County Central Committee	pe of committee you are reporting for le Standing for Retention Candidate (5)County Candidate (6)City Can unty PAC (9)City PAC (10)Schou	(2)State PAC (3)State Party	Politant	DR-2 (Rev. 12/2009)	DISCLOSURE
11 ) Local Ballot Issue	unty PAC (9)City PAC (10)Schoo	Board or Other Political Subdivision	on PAC (	For Office Use Or	nly
CANDIDATE COMMITTEE					13909
Candidate Name		Political Party (if applica	1.1.1	Logged In	1
Dan Dutcher		ontical Party (If applica	ble)	Scanned /	+
Office Sought				Computer	
City Council		District (if Senate or Hou		Audited	
Late reports are subject to posscandidate's committee, and the	sible civil and criminal penalties. Pu chairperson, for any other type of	committee. is the individual responsible.  515-779-019  TELEPHONE	morbie for filling	68A.401(3), the car g timely and accura	te reports.
OT TERSON F	ILING REPORT	TELEPHONE	_	DATE SI	GNED
AM FILING A Final Report		Marie and Administrative of the State of the	NO MOLESTANIA	VIII.	
		REPORT FOR (1) ELEC	TION /(2)NON	-ELECTION YEA	AR.
	oport date)	Indicat	e by #		
JOHECK IF AMENDMENT T	O REPORT DATED		1		
			Local Cor	mmittees, enter Date	e of Election
(You must continue t	nation) report and attach Notice of to file reports until a DR-3 is filed	f Dissolution Form DR-3.	0		
	to the reports until a DR-3 is filed	.)	which Ele	Local Committees, ction is held	enter County in
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Iowa Ethics and Campaign Disclosure Board		
3/1/13	CK#	510 E 12th St Ste 1A Des Moines, IA 50319	penalty	\$ 20.00
	ID#			
	CK#			
	ID#			
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	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 20.00

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page	of

Dutcher f	EE NAME (Must be same as on Statement of Organiz for Council .	ation)	Reset Form	☐ CHECK	IN-KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE		5	Reset Form		
RECEIVED MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	V IF FOR FUND-RAISER CONTRIBUTION
0/28/13	Dan Dutcher 625 SE Southfork Drive, Waukee IA 50263	Self	Loan Forgiven	\$ 1,995.96	
			SUB-TOTAL	\$ 1,995.96	
			TOTAL (if last page of this schedule)	1,995.96	
diliades (Se	quires candidates to disclose the relationship of any positionship must be shown to the third degree of consangue Page 2 of forms packet.) If surname of contributor p. enter "not applicable" in the relationship column.	relative making an in quinity (blood relatives r is the same as cand	kind contribution to the s) and affinity (relatives idate, but there is no	Page 1 (for	of 1 Schedule E)

		on Statement of Organization)	RESI	F	LOAN
utcher for Co	puncil			(Rev. 02/08)	& REPA
		aned to the committee which is deposited in REPORTING PERIOD \$ 2066.41	n the committee account.	CHECK THE AMENDING	
RTI- MONET	ARY LOANS RECEI	VED THIS REPORTING PERIOD as a bank, must be shown if a third party is	s involved. Include loans from	n candidate's personal fun	nds.)
DATE RECEIVED (MM/DD/YR)	(Inclu	ME AND ADDRESS OF LENDER ide Endorser's Name, If Applicable)	RELATIONSHII CANDIDATE (If Api		LOAN
				\$	
			1		1
PROPERTY OF TOTAL TO BE ASSESSED TO BE ASSESSED.					
DATE PAID (MM/DD/YR)	NAM	MENTS MADE THIS REPORTING PERIOR rted on Schedule E In-kind Contributions  E AND ADDRESS OF LENDER  e Endorser's Name If Applicables	RELATIONSHIP	\$TO AMOUNT REF	
DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER e Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE* (If App	TO AMOUNT REP	
DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER e Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE* (If App	TO AMOUNT DES	
DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER e Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE* (If App	TO AMOUNT REP	
DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER e Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE* (If App	TO AMOUNT REP	
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DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER le Endorser's Name. If Applicable)  Infork Drive, Waukee IA 5026.	RELATIONSHIP CANDIDATE* (If App	TO AMOUNT REP	
DATE PAID (MM/DD/YR)	NAM (Includ	E AND ADDRESS OF LENDER le Endorser's Name, If Applicable)  Infork Drive, Waukee IA 5026.  TOTAL CASH	RELATIONSHIP CANDIDATE* (IF APP	TO AMOUNT REP	
DATE PAID (MM/DD/YR)  10/28/13	NAM (Included Dan Dutcher 625 SE South	E AND ADDRESS OF LENDER e Endorser's Name, If Applicable)  nfork Drive, Waukee IA 5026.	RELATIONSHIP CANDIDATE* (IF APP  3 Self  REPAYMENTS (PART II) AL LOANS FORGIVEN ND OF REPORT PERIOD	TO AMOUNT REF	